| Case 16-14601 Doc 1 Fill in this information to identify your case: | | Entered 04/29/16 11:13:48 age 1 of 70 | Desc Main |
|---|---|--|------------------------------------|
| United States Bankruptcy Court for the: | | | |
| Northern District of: Illinois (State) | | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 | | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|----------------------------|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name | Latania | |
| Write the name that is on | First name | First name |
| your government-issued picture identification (for | Middle name | Middle name |
| example, your driver's | Pettis | |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. All other names you | | |
| have used in the last | First name | First name |
| 8 years | | |
| Include your married or maiden names. | Middle name | Middle name |
| maldermames. | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| 3. Only the last 4 digits of your Social | XXX - XX5565 | xxx - xx- |
| Security number or | OR | OR |
| federal Individual Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- |

Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (14/13:48 Desc Main Debtor 1 Page 2 of 70 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and EIN EIN doing business as names EIN EIN 5. Where you live If Debtor 2 lives at a different address: 4938 W. Race Ave Number Street Number Street 60644 Chicago Illinois City State Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City Zip Code State City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 Akai:13:48 Desc Main Debtor 1

Document Document Page 3 of 70 Tell the Court About Your Bankruptcy Case Part 2: 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form **Bankruptcy Code** B2010)). Also, go to the top of page 1 and check the appropriate box. you are choosing to Chapter 7 file under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the ☑ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local fee court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order... If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for No. bankruptcy within the last 8 years? Yes. District Case number District Case number District When Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Yes, Debtor Relationship to you spouse who is not When District Case number, if known filing this case with you, or by a Debtor Relationship to you business partner, or When District Case number, if known by an affiliate? 11. Do you rent your ✓ No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with

No. Go to line 12.

this bankruptcy petition.

Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/116 (14/13:48 Desc Main Debtor 1 Page 4 of 70 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. 101(51D). Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent

repairs?

State

City

Zip Code

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (14-14-14-13:48 Desc Main

: Name Middle Name

Document Programment

Page 5 of 70

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credi |
|---|
| counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be

unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions

about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in

person, by phone, or through the internet, even after I reasonably tried to

do so.

Active duty. I am currently on active military duty in a

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (141:43:48 Desc Main Page 6 of 70 Document of the Document of th **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded ✓ No. and administrative ٦ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your **✓** \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Latania Pettis Signature of Debtor 2 Signature of Debtor 1 4/29/2016 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 @140/29/16:48 Desc Main

First Name Document Page 7 of 70

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Angie Harb | | Date | 4/29/2016 | <u> </u> |
|----------------------------------|----------|------|---------------|---------------------|
| Signature of Attorney for Debtor | | | MM / DD / Y | /ΥΥ |
| Angie Harb | | | | |
| Printed name | | | | |
| Semrad Law Firm | | | | |
| Firm name | | | | |
| 11101 S. Western Avenue | | | | |
| Street | | | | |
| Chicago | Illinois | | | 60643 |
| City | State | | | Zip Code |
| Contact phone | | | Email address | aharb@semradlaw.com |
| Bar number | | | State | |

Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Fill in this information to identify your case: Debtor 1 Latania First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$5,276.00 1b. Copy line 62, Total personal property, from Schedule A/B \$5,276.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$10,284.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$90.219.11 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F...... \$100,503.11 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$2.091.57 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$2,160.00

Debtor 1 LataniaCase 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (Ikd) id 3:48 Desc Main
First Name Document Page 9 of 70

Part 4: Answer These Questions for Administrative and Statistical Records

| Par | Pair 4: Answer These Questions for Administrative and Statistical Records | | | | | | | |
|-------------|--|--------------------------|--|--|--|--|--|--|
| | 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. | | | | | | | |
| 7. V | Vhat kind of debt do you have? | | | | | | | |
| | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. | | | | | | | |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. C this form to the court with your other schedules. | heck this box and submit | | | | | | |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from C Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$2,326.83 | | | | | | |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | |
| | From Part 4 on Schedule E/F, copy the following: | Total claim | | | | | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | | | | | | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | | | | | | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | | | | | | |
| | 9d. Student loans. (Copy line 6f.) | \$72,122.00 | | | | | | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as | \$0.00 | | | | | | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | \$0.00 | | | | | | |
| | 9g. Total. Add lines 9a through 9f. | \$72.122.00 | | | | | | |

| | Case 16-14601 | | Filed 04/29/16 | <u>Entered 04/2</u> 9/16 | 11:13:48 Des | c Main |
|----------------------------------|--|---|---|---|---|---|
| Fill in this | information to identify your case | : | | | | |
| Debtor 1 | Latania | | Pettis | | | |
| | First Name | Middle | Name Last N | ame | | |
| Debtor 2 | | | | | | |
| (Spouse, | if filing) First Name | Middle | Name Last N | ame | | |
| United St | ates Bankruptcy Court for the: | Northern | District of III | | | |
| Case nun | | | (8 | State) | | |
| . , | al Form 106A/B | | | | | Check if this is an |
| | | . | | | | amended filing |
| | dule A/B: Prope ategory, separately list and des | | | | | 12/1 |
| esponsib rite your Part 1: | where you think it fits best. Be ble for supplying correct inform name and case number (if known Describe Each Resident u own or have any legal or equal No. Go to Part 2 | mation. If more sown). Answer ev ce, Building, | space is needed, attach a very question. Land, or Other Rea | a separate sheet to this form I Estate You Own or Ha | . On the top of any add | |
| | Yes. Where is the property? | | | | | |
| Ц | real timese se are property. | | What is the property | ? Check all that apply | Do not deduct secured o | claims or exemptions. Put |
| 1.1 | | | Single-family home | | the amount of any secure | ed claims on Schedule D: |
| | Street address, if available, or o | other description | Duplex or multi-uni | | Creditors Who Have Cla | aims Secured by Property. |
| | | | Condominium or co | • | Current value of the | Current value of the |
| | | | Manufactured or mo | • | entire property? | portion you own? |
| | | | Land | | | |
| | Number Street | | Investment property | | Describe the nature of | your ownership |
| | | | Timeshare | | interest (such as fee si the entireties, or a life | imple, tenancy by estate) if known |
| | City State | Zip Code | Other | | | |
| | | | Who has an interest | in the property? Check one. | Chook if this is as | mmunity property |
| | | | Debtor 1 only | in the property: Check one. | (see instructions) | |
| | | | Debtor 2 only | | 山 ` ′ | |
| | | | Debtor 1 and Debtor | or 2 only | | |
| | | | At least one of the | • | | |
| | | | _ | u wish to add about this item | n, such as local | |
| If you | own or have more than one, list h | ere: | property recommodute | | | |
| | | | What is the property | ? Check all that apply. | | claims or exemptions. Put |
| 1.2 | Otana (a labora o Wara Palabara | di andra de la constanta | Single-family home | | | ed claims on <i>Schedule D:</i> aims Secured by Property. |
| | Street address, if available, or o | otner description | Duplex or multi-uni | t building | Creditors who have Cit | , , |
| | | | _ Condominium or co | operative | Current value of the | Current value of the |
| | | | Manufactured or mo | obile home | entire property? | portion you own? |
| | | | Land | | | |
| | Number Street | | Investment property | | Describe the nature of interest (such as fee si | your ownership |
| | | | Timeshare | | the entireties, or a life | |
| | City State | Zip Code | Other | | | |
| | | | Who has an interest | in the property? Check one. | Check if this is co | mmunity property |
| | | | Debtor 1 only | in the property i eneak one. | (see instructions) | |
| | | | Debtor 2 only | | _ | |
| | | | Debtor 1 and Debtor | or 2 only | | |
| | | | At least one of the d | • | | |
| | | | _ | u wish to add about this item | such as local | |
| | | | property identification | n number: | ı, sucıı as IUCAI | |

| | LataniaCase 16-14 First Name | 601 Doc 1 Middle Name | Filed 04/29/16 Entered 04/29/14 Document Page 11 of 70 | ் வினில் 43: <u>48 Desc Main</u> |
|---|--|--|--|---|
| 1.3 Stre | eet address, if available, or o | | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| Nur City | mber Street / State | Zip Code | Manufactured or mobile home Land Investment property Timeshare Other | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| | | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is community property (see instructions) |
| you ha | | | l of your entries from Part 1, including any entries to the second secon | |
| Do you o ou own th | nat someone else drives. If y | r equitable interest ir ou lease a vehicle, also | n any vehicles, whether they are registered or not? In or report it on Schedule G: Executory Contracts and Unexcles | |
| Do you o ou own th | wn, lease, or have legal or nat someone else drives. If y ans, trucks, tractors, sport u | r equitable interest ir ou lease a vehicle, also | o report it on Schedule G: Executory Contracts and Unex | |
| Do you or you own th 3. Cars, va No Ye | wn, lease, or have legal or hat someone else drives. If y ans, trucks, tractors, sport ur or s. Make Model: Year: Approximate mileage: Other information: | r equitable interest ir ou lease a vehicle, also | o report it on Schedule G: Executory Contracts and Unex | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own? |
| Do you or you own th 3. Cars, va No Ye | wn, lease, or have legal or nat someone else drives. If y ans, trucks, tractors, sport und se Make Model: Year: Approximate mileage: | r equitable interest ir ou lease a vehicle, also tility vehicles, motorcyo | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the Current value of the |
| Do you ov you own th 3. Cars, va No Ye 3.1 | wn, lease, or have legal or nat someone else drives. If y ans, trucks, tractors, sport until seasons with the seasons with th | r equitable interest ir ou lease a vehicle, also tility vehicles, motorcyo | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$3400.00 Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: |
| Do you ov you own th 3. Cars, va No Ye 3.1 | wn, lease, or have legal or nat someone else drives. If y ans, trucks, tractors, sport ur or ss. Make Model: Year: Approximate mileage: Other information: 2006 Lincoln Zephyr | r equitable interest ir ou lease a vehicle, also tility vehicles, motorcyo | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$3400.00 Do not deduct secured claims or exemptions. Put |

| Debtor 1 | LataniaCase 16-14601 Doc 1 | Filed 04/29/16 Entered 04/29/14 | 6 (1642) (148 Desc Main | | |
|----------|----------------------------|--|---|--|--|
| | First Name Middle Name | Document Page 12 of 70 | | | |
| 3.3 | Make | Who has an interest in the property? Check | Do not deduct secured claims or exemptions. Put | | |
| | Model: | one. | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Approximate mileage: | Debtor 1 only | Cicultors who have claims decared by I roperty. | | |
| | , pproximate mileage. | Debtor 2 only | Current value of the Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? portion you own? | | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see instructions) | | | |
| 3.4 | | Who has an interest in the property? Check | Do not deduct secured claims or exemptions. Put | | |
| | Model: | one. | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Approximate mileage: | Debtor 1 only | Cicultors who have claims decared by I roperty. | | |
| | ··· <u> </u> | Debtor 2 only | Current value of the Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? portion you own? | | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see instructions) | | | |
| 4.1 | Yes Make | Who has an interest in the property? Check | Do not deduct secured claims or exemptions. Put | | |
| 4.1 | | | · | | |
| | Model: | one. Debtor 1 only | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Approximate mileage: | | Creditors who have Claims Secured by Property | | |
| | ·· | Debtor 2 only | Current value of the Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? portion you own? | | |
| | | At least one of the debtors and another | | | |
| | | Check if this is community property (see instructions) | | | |
| 4.2 | Make | Who has an interest in the property? Check | Do not deduct secured claims or exemptions. Put | | |
| | Model: | one. | the amount of any secured claims on Schedule D: | | |
| | Year: | Debtor 1 only | Creditors Who Have Claims Secured by Property. | | |
| | Approximate mileage: | Debtor 2 only | Current value of the Current value of the | | |
| | Other information: | Debtor 1 and Debtor 2 only | entire property? portion you own? | | |
| | | At least one of the debtors and another | | | |
| | | | | | |
| | | Check if this is community property (see instructions) | | | |
| | • • | Check if this is community property (see | . 9 | | |

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (Audio 13:48 Desc Main First Name Document Page 13 of 70

Describe Your Personal and Household Items

Part 3:

| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| □ No | |
| Yes. Describe desk, table, chairs, 2 beds | \$750.00 |
| 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music | |
| No State of the st | |
| Yes. Describe 2 Tvs, Laptop | \$350.00 |
| 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| Yes. Describe | |
| 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoe and kayaks; carpentry tools; musical instruments | is |
| ✓ No | |
| Yes. Describe | |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No ☐ Yes. Describe | |
| 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | |
| Yes. Describe used clothing | \$500.00 |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No | |
| Yes. Describe costume jewelry | <u>\$50.00</u> |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses No | |
| Yes. Describe | |
| 14. Any other personal and household items you did not already list, including any health aids you did not ✓ No ✓ Yes. Describe | list |
| | |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attache for Part 3. Write that number here▶ | \$1850.00 |

Debtor 1 Latania Case 16-14601 First Name Doc 1 Filed 04/29/16 Entered 04/29/16 (14.14):13:48 Desc Main

| Documer | D **Describe Your Financial Assets**

| Do | you own or have a | ny legal or equitable inte | rest in any of the followin | g? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|-----|---|--|--|------------------------------|---|
| - | Cash Examples: Money you have No Y Yes | \$25.00 | | | |
| 17. | Deposits of money Examples: Checking, sav | vings, or other financial accounts; | certificates of deposit; shares in crecunts with the same institution, list each | | |
| | ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: | bank of america | | \$1.00 |
| | | 17.2. Checking account: | | | |
| | | 17.3. Savings account: | | | |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | | | |
| 18. | | or publicly traded stocks vestment accounts with brokerage | firms, money market accounts | | |
| | ✓ No ☐ Yes | Institution or issuer name: | | | |
| | | | | | |
| | | | | | |
| 19. | an LLC, partnership, a | | ed and unincorporated business | es, including an interest in | |
| | Yes. Give specific information about them | Name of entity | | % of ownership: | |
| | | | | | |

| Deb | tor 1 LataniaCase 16 First Name | D-14601 DOC 1 Middle Name | | | 48 Desc Main |
|-----|---------------------------------|-----------------------------------|---|--|--------------|
| | | | | age 15 of 70 | |
| 20. | | | gotiable and non-negotiab hiers' checks, promissory note | | |
| | | | nsfer to someone by signing o | | |
| | ✓ No | • | , , , | Ç | |
| | Yes. Give specific | | | | |
| | information about | Issuer name: | | | |
| | them | | | | |
| | | | | | |
| | | | | | |
| 21 | Retirement or pension | accounts | | | |
| 21. | | | 03(b), thrift savings accounts, | or other pension or profit-sharing plans | |
| | ✓ No | | | | |
| | Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | | | |
| | | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | Security deposits and p | | | | |
| | | | nat you may continue service o | | |
| | companies, or others | vitir iaridiords, prepaid rent, p | public utilities (electric, gas, w | ater), telecommunications | |
| | ✓ No | | | | |
| | Yes | | Institution name: | | |
| | _ | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental u | unit: | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | - | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract for | a periodic payment of mone | ey to you, either for life or for a | number of years) | |
| | ✓ No | | | • | |
| | Yes | Issuer name and description | on: | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Debto | or 1 | Latania C & First Name | ase 1 | 6-14601 | Doc 1 | | 04/29/16 cumetht ^{me} | | | 6 (Akabwa) 3: <u>48</u> | Des | sc Main |
|-------|---|---|---------------------------|--|------------------------------------|--------------|------------------------------------|------------------|------------------|--|-----------------|--|
| 24. | | | | ation IRA, in a), 529A(b), and | | a qualifie | d ABLE progra | m, or under a | qualified stat | te tuition program. | | |
| | No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): | | | | | | | | | | | |
| 25. | ехе | sts, equita rcisable fo No Yes. Desc | or your | | ts in property | (other the | an anything list | ed in line 1), | and rights or | powers | | |
| 26. | Еха | ents, copy | rrights, rnet dor | | | | intellectual proyalties and licens | | ts | | | |
| 27. | Exa | enses, frar | nchises ding pe | | eneral intangil e licenses, coo | | ssociation holdin | gs, liquor licen | ises, profession | nal licenses | | |
| Mon | ey (| or prope | erty ov | wed to you | ? | | | | | | po Do | rrent value of the rtion you own? not deduct secured ms or exemptions. |
| 28. | ✓ | Yes. Give s about you a | pecific i them, in | nformation ncluding wheth led the returns ears | | | | | | Federal: State: Local: | - | |
| | Exan | ily suppor nples: Past No | | ump sum alimo | ony, spousal sup | oport, child | support, mainte | nance, divorce | settlement, pro | operty settlement | - | |
| | Ħ | | pecific i | nformation | | | | | | Alimony: Maintenance: Support: Divorce settlement Property settlement | - | |
| | Exan | <i>nples:</i> Unpa | aid wage al Secu | - | | | ity benefits, sick omeone else | pay, vacation p | ay, workers' coi | mpensation, | | |

| Debt | tor 1 | LataniaCase 16 First Name | 6-14601 | Doc 1 Middle Name | Filed 04/29/16 Document | <u>Entered</u> | 16 (1641) 13:48 D | esc Main |
|------|------------|--|-------------------|----------------------|---|----------------------------------|------------------------------|--|
| 31. | | rests in insurance mples: Health, disabi | | rance; health | | edit, homeowner's, or rente | r's insurance | |
| | | No Yes. Name the insura of each policy and lis | | | Company name: | | Beneficiary: | Surrender or refund value: |
| 32. | If you | | of a living trust | | meone who has died ceeds from a life insurance p | policy, or are currently entitle | d to receive | |
| 33. | Exar | | | | have filed a lawsuit or moce claims, or rights to sue | ade a demand for payme | nt | |
| 34. | Othe to se | | unliquidated | claims of ev | very nature, including co | unterclaims of the debtor | and rights | |
| 35. | ✓ | financial assets yo No Yes. Describe | u did not alre | ady list | | | | |
| 36. | | | - | | | es for pages you have att | | \$26.00 |
| Part | 5: | Describe Any B | usiness-R | elated Pro | perty You Own or Ha | ave an Interest In. Lis | st any real estate ii | n Part 1. |
| 37. | Do y | ou own or have an | y legal or equ | uitable intere | est in any business-relate | d property? | | |
| | | No. Go to Part 6. Yes. Go to line 38. | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 38. | ✓ | ounts receivable or No Yes. Describe | commissions | s you alread | y earned | | | |
| 39. | | ce equipment, furn mples: Business-rela | | | odems, printers, copiers, fa | x machines, rugs, telephone | es, desks, chairs, electroni | ic devices |
| | | No Yes. Describe | | | | | | |

| Deb | | | 2SC Main |
|--------------|---|---|------------------------------|
| 40. | First Name Machinery, fixtures, eq | Middle Name Docum e hade 18 of 70 uipment, supplies you use in business, and tools of your trade | |
| | ✓ No | | |
| | Yes. Describe | | |
| 41. | Inventory | | |
| | ✓ No | | |
| | Yes. Describe | | |
| 42. | Interests in partnershi | ps or joint ventures | |
| | ✓ No | | |
| | Yes. Give specific | Name of entity: % of ownership: | |
| | information about | | |
| | them | | _ |
| | | | _ |
| 43. (| Customer lists, mailing | lists, or other compilations | |
| | ✓ No | | |
| | Yes. Do your lists inc | clude personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | ☐ No | | |
| | Yes. Descri | be | |
| 11 | Any business-related n | roperty you did not already list | |
| 44. | _ | roperty you did not already list | |
| | ✓ No | | |
| | Yes. Give specific information | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | dd the dollar value of al art 5. Write that number | l of your entries from Part 5, including any entries for pages you have attached here | |
| Part | | arm- and Commercial Fishing-Related Property You Own or Have an Interest In. | |
| 10 | | interest in farmland, list it in Part 1. | |
| 46. | | ny legal or equitable interest in any farm- or commercial fishing-related property? | Current value of the |
| | No. Go to Part 7. | | portion you own? |
| | Yes. Go to line 47. | | Do not deduct secured claims |
| | | | or exemptions |
| 47. | | alter form raised fish | |
| | Examples: Livestock, pou | แแง, เลเบา-เลเจอน แจบ | |
| | ✓ No | | |
| | Yes. Describe | | |

| Deb | tor 1 Latania Case 16 First Name | -14601 Doc 1 | L Filed 04/29/16 Document | Entered 04/29/16 144/43:48 Page 19 of 70 | Desc Main |
|--------------|---|--------------------------|------------------------------|--|-------------|
| 48. | Crops-either growing o | r harvested | Doddinone | . ugo 10 0. 10 | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 49. | Farm and fishing equip | ment, implements, ma | achinery, fixtures, and tool | s of trade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 50. | Farm and fishing suppl | ies, chemicals, and fee | ed | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 51. | Any farm- and commerc | cial fishing-related pro | perty you did not already l | ist | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | L | | | | |
| | | | | s for pages you have attached | |
| | | | | , | |
| | | | | | |
| Part | 7: Describe All Pro | perty You Own or | Have an Interest in T | hat You Did Not List Above | |
| 53. | Do you have other prop Examples: Season tickets, | | | | |
| | No No | Country Glab Membersh | iP | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | | |
| 54. A | dd the dollar value of all | of your entries from P | art 7. Write that number he | ere | .▶ |
| | | | | | |
| | | | | | |
| Part | 8: List the Totals o | f Each Part of this | s Form | | |
| 55. F | Part 1: Total real estate, li | ne 2 | | > | |
| 56. p | oart 2 total vehicles, line | 5 | \$3400.0 | 0 | |
| 57. P | art 3: Total personal and | household items, line | | | |
| 58. P | art 4: Total financial asse | ets, line 36 | \$26.00 | · | |
| 59. F | Part 5: Total business-rel | ated property, line 45 | <u> </u> | | |
| 60. F | Part 6: Total farm- and fis | hing-related property | , line 52 | | |
| 61. F | Part 7: Total other proper | ty not listed, line 54 | | | |
| 62. 7 | Total personal property. A | Add lines 56 through 61. | \$5276.0 | 0 | + \$5276.00 |
| | | | φ0270.0 | Copy personal property to | |
| | | | | | \$5276.00 |
| 63. T | otal of all property on Sc | hedule A/B. Add line 55 | 5 + line 62 | | <u> </u> |

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (1/2) 13:48 Desc Main First Name Document Page 20 of 70

Schedule A/B: Property. Additional page

| Part 3: Describe | our Personal and Household Items | | | | | | |
|---------------------|--|--|--|--|--|--|--|
| Do you own or ha | ave any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | | |
| 6.2. Household good | 6.2. Household goods and furnishings | | | | | | |
| ☐ No | | | | | | | |
| Yes. Describe | Mattress set | \$200.00 | | | | | |

| O//: E | | Case 16-14601 | Doc 1 Filed 04 | 4/29/16 Entered 04/29/1 | .6 11:13:48 | Desc Main |
|--|---|--|--|--|------------------------------------|---|
| First Name | Fill in this inf | ormation to identify your case: | | J | | |
| Debtor 2 (Sporuse, if filling) First Name United States Bankruptcy Court for the: Northern District of Illinois (State) Difficial Form 106C Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you alim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary, he top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of dois to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being sto state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being to the amount of any applicable statutory limit. Some exemptions—such as those for health alds, rights to eceive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim as exempt in a particular dollar amount and the value of property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 11: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal amounts hrupty exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal amounts. Current value of on Schedule A/B that lists this property which set of exemption of the property and line on Schedule A/B that lists this property which set of exemption of the property and line on Schedule A/B that lists this property which are a second that a second the property and line on Schedule A/B that lists this property Check only one box for | Debtor 1 | | | Pettis | | |
| United States Bankruptcy Court for the: Northern | | First Name | Middle Name | Last Name | | |
| Case number (If known) Check if it manufactor Check if it manufactor Check if it manufactor | | ling) First Name | Middle Name | Last Name | | |
| Check if the more of the property of the pro | United State | s Bankruptcy Court for the: | Northern | | | |
| Schedule C: The Property You Claim as Exempt Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. Using the property you listed on Schedule A/B. Property (Official Form 106A/B) as your source, list the property that y laim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary, he top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of dois to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to exceive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptor exemptions. 11 U.S.C. § 522(b)(3) You are claiming state and federal nonbankruptor exemptions. 11 U.S.C. § 522(b)(3) You are claiming take and federal nonbankruptor exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt. Brief description of the property and line on Schedule A/B that lists this property beds \$750.00 | | er | | (State) | | |
| See as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct formation. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that y laim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. The top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of dois to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to eccive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim as exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount. However, if you claim any exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming federal exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(3) Copy the value from Schedule A/B that lists this property Check only one box for each exemption. Copy the value from Schedule A/B Brief description: Brief description: Check only one box for each exemption. Copy the value from Schedule A/B. Tas ILCS 5/12-1001(b) Tas ILCS 5/12-1001(b) | Officia | Form 106C | | | | Check if this amended fili |
| Information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that y laim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary, he top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of dois to state a specific dollar amount as exempt, Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to eceive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value corporerty is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Schedule A/B that lists this property the value from Schedule A/B. Brief desk, table, chairs, 2 | Sched | ule C: The Prop | perty You Clair | n as Exempt | | |
| on Schedule A/B that lists this property own Check only one box for each exemption. Copy the value from Schedule A/B Brief description: beds Line from Schedule A/B: 06 Brief description: bank of america \$1.00 Check only one box for each exemption. Check only one box for each exemption. Check only one box for each exemption. 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) 735 ILCS 5/12-1001(b) | or each i | tem of property you cl | aim as exempt, you m nt as exempt. Alternat | nust specify the amount of the tively, you may claim the full fa ry limit. Some exemptions—su | ir market valu ch as those fo | e of the property being r health aids, rights to |
| Brief desk, table, chairs, 2 beds \$750.00 \$750.00 \$750.00 Line from Schedule A/B: 06 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) Brief description: bank of america \$1.00 \$1.00 | exempted eceive ce exemption or operty in the left of | ertain benefits, and tax n of 100% of fair marke is determined to excees entify the Property You set of exemptions are you ou are claiming state and federal ou are claiming federal exemption | -exempt retirement fut value under a law the distribution to the distribution of the d | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) | rticular dollar | amount and the value of |
| description: beds \$750.00 \$750.00 Line from \$200 \$100% of fair market value, up to any applicable statutory limit Brief \$35 ILCS 5/12-1001(b) \$1.00 | exempted eceive ce exemption or operty in Part 1: Id 1. Which I You | ertain benefits, and tax n of 100% of fair marke is determined to exceed entify the Property You set of exemptions are you but are claiming state and federal out are claiming federal exemption by property you list on School | -exempt retirement fut value under a law the distribution of the transfer of the transfer of the portion you can be presented as a condition of the portion you own | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) Exempt, fill in the information below. Amount of the exemption you cla | nticular dollar he applicable s | amount and the value of statutory amount. |
| Line from Schedule A/B: 06 100% of fair market value, up to any applicable statutory limit 735 ILCS 5/12-1001(b) escription: bank of america \$1.00 \$1.00 | xempted ecceive ce xemptior property i Part 1: Id 1. Which Ye Ye 2. For an Brief con Sci | ertain benefits, and tax n of 100% of fair marke is determined to exceen entify the Property You set of exemptions are you but are claiming state and federal out are claiming federal exemption by property you list on School description of the property and the A/B that lists this pro- | -exempt retirement fut value under a law the distribution of the transfer of the claiming? Check one only, end nonbankruptcy exemptions. ons. 11 U.S.C. § 522(b)(2) Itule A/B that you claim as end line country of the portion you own Copy the value from Schedule A/B | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) Exempt, fill in the information below. Amount of the exemption you cla | nticular dollar he applicable s | amount and the value of statutory amount. |
| description: bank of america \$1.00 \$1.00 | xempted ecceive ce xemptior property i Part 1: Id 1. Which Yo Yo 2. For an Brief con Sci | ertain benefits, and tax n of 100% of fair marke is determined to exceen entify the Property You set of exemptions are you out are claiming state and federal out are claiming federal exemption by property you list on School description of the property and the A/B that lists this pro- | -exempt retirement fut value under a law the distribution of the transfer of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion of the portion you can be presented as a condition of the portion of the portion of the portion you can be presented as a condition of the portion o | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) Exempt, fill in the information below. Amount of the exemption you cla Check only one box for each exemption | nticular dollar he applicable s | amount and the value of statutory amount. |
| <u> </u> | xempted eceive ce xemptior property i Part 1: Id 1. Which Y 2. For an Brief con Scl Brief descrip Line fro | ertain benefits, and tax of 100% of fair markers of 100% of fair markers determined to exceed entify the Property You set of exemptions are you are claiming state and federal are claiming federal exemption are claiming federal exemption of the property and the A/B that lists this product of the property and desk, table, chairs, beds | -exempt retirement fut value under a law the distribution of the transfer of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion of the portion you can be presented as a condition of the portion you can be presented as a condition of the portion of the portion you can be presented as a condition of the portion of the portion of the portion you can be presented as a condition of the portion o | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) Exempt, fill in the information below. Amount of the exemption you cla Check only one box for each exemption \$750.00 | inticular dollar he applicable s | amount and the value of statutory amount. |
| Schedule A/B: 17 100% of fair market value, up to any applicable statutory limit | Part 1: Id 1. Which YC 2. For an Brief descrip Line fro Schedd Brief | ertain benefits, and tax of 100% of fair markers of 100% of fair markers determined to exceed the entify the Property You set of exemptions are you are claiming state and federable are claiming federal exemption of the property and description of the property and desk, table, chairs, beds desk, table, chairs, beds mule A/B: 06 | -exempt retirement fut value under a law the distribution of the transfer of the perty of the portion you own Copy the value from Schedule A/B 2 \$750.00 | ven if your spouse is filing with you. 11 U.S.C. § 522(b)(3) Exempt, fill in the information below. Amount of the exemption you cla Check only one box for each exemption \$750.00 100% of fair market value, up to a applicable statutory limit | inticular dollar he applicable s | amount and the value of statutory amount. cific laws that allow exemption 735 ILCS 5/12-1001(b) |
| Brief | exempted eceive ce exemption property i Part 1: Id 1. Which | ertain benefits, and tax n of 100% of fair marke is determined to excee entify the Property You set of exemptions are you on an are claiming state and federa | -exempt retirement fut value under a law the distance of the transfer of the t | ven if your spouse is filing with you. | rticular dollar | amount and the value |

No Yes

Filed 04/29/16 Entered 04/29/16 (14):13:48 Desc Main Document Page 22 of 70 Doc 1 Debtor 1 Latania Case 16-14601 First Name

| rar | Addition | iai Page | | | | |
|-----|----------------------------|--|--|----------|---|------------------------------------|
| | • | ion of the property and line A/B that lists this property | Current value of the portion you own | | nount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | | | Schedule A/B | | | |
| | Brief description: | cash on hand | \$25.00 | ✓ | \$25.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: | 16 | | | 100% of fair market value, up to any applicable statutory limit | _ |
| | Brief | | \$500.00 | | | 735 ILCS 5/12-1001(a) |
| | description: | used clothing | φ300.00 | ✓ | \$500.00 | <u></u> |
| | Line from Schedule A/B: | 11 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief | | Ф Г О ОО | | | 735 ILCS 5/12-1001(b) |
| | description: | costume jewelry | \$50.00 | ✓ | \$50.00 | |
| | Line from Schedule A/B: | 12 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Brief | | Ф ОБО 00 | | | 735 ILCS 5/12-1001(b) |
| | description: | 2 Tvs, Laptop | \$350.00 | ✓ | \$350.00 | |
| | Line from Schedule A/B: | 07 | | | 100% of fair market value, up to any | |

| | | Case 16-14601 | Doc 1 F | iled 04/29/16 | Entered 04/29 | /16 11:13:48 | Desc Main | |
|------------|--|--|---|---|---|---|--|-----------------------------------|
| Filli | in this informa | ation to identify your case: | | | J | | | |
| Deb | otor 1 | Latania | | Pettis | | | | |
| | | First Name | Middle Na | ame Last N | ame | | | |
| | otor 2 ouse, if filing) | First Name | Middle Na | ame Last N | ame | | | |
| Unit | ted States Ba | nkruptcy Court for the: | Northern | District of III | | | | |
| | se number nown) | | | (3 | State) | | | |
| Of | ficial F | orm 106D | | | | | | neck if this is a |
| Sc | chedu | le D: Credito | rs Who | Have Clair | ns Secured | by Prope | | 12/1 |
| forn 1. | n. On the Do any cre No. Cr Yes. Fi | ete and accurate as presented. If more space top of any additional ditors have claims secure teck this box and submit this li in all of the information be | e is needed, or a large, write ed by your proper to the court was | copy the Addition your name and o ty? | al Page, fill it out, case number (if kno | number the entri own). | | |
| | | All Secured Claims | | | | | | |
| 2. | claim. If mor | ured claims. If a creditor ha re than one creditor has a p the claims in alphabetical | articular claim, list | the other creditors in Pa | • • | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | GO FINANO | | — Describe the | property that secures | the claim: | \$8,984.00 | \$3,400.00 | \$5,584.00 |
| | | DIAN SCHOOL RD | | | | ı | | |
| | Number | Street | | ephyr Value: \$3,400.00 you file, the claim is: | | | | |
| | | | Contingen | • | oriook all a lat apply. | | | |
| | PHOENIX Citv | Arizona 85018 State ZIP Code | — ☐ Unliquidat | ed | | | | |
| | | the debt? Check one. | Disputed | | | | | |
| | Debtor | 1 only | Nature of lien | . Check all that apply. | | | | |
| | Debtor Debtor | 2 only 1 and Debtor 2 only | An agreem car loan) | nent you made (such as | mortgage or secured | | | |
| | | one of the debtors and | Statutory li | en (such as tax lien, me | echanic's lien) | | | |
| | another Check | if this claim relates to a | Judgment | lien from a lawsuit | | | | |
| | commu | unity debt | Other (incl | uding a right to offset) _ | | | | |
| | Date debt v | vas incurred <u>8/1/2014</u> | _ Last 4 digits of | of account number | 4201 | | | |
| 2.2 | Creditor's Na | ime | | property that secures | the claim: | \$1,300.00 | \$200.00 | \$1,100.00 |
| | P.O. Box 22 Number | Street | Mattress set As of the date | Value: \$200.00 you file, the claim is: | Check all that apply. | | | |
| | Tempe | Arizona 85285 | Contingen | t | | | | |
| | City | State ZIP Code | Unliquidat | ed | | | | |
| | | the debt? Check one. | Disputed | | | | | |
| | ✓ Debtor | • | Nature of lien | . Check all that apply. | | | | |
| | Debtor Debtor | 2 only 1 and Debtor 2 only | An agreem car loan) | nent you made (such as | mortgage or secured | | | |
| | | one of the debtors and | | en (such as tax lien, me | echanic's lien) | | | |
| | another Check | if this claim relates to a | Judgment | lien from a lawsuit | | | | |
| | commu | in this claim relates to a unity debt vas incurred | Other (incl | uding a right to offset) _ | | | | |
| | Date debt V | vas IIIGUITEU | Last 4 digits of | of account number | | | | |
| | , | Add the dollar value of yo | our entries in Col | lumn A on this page. | Write that number | \$10,284.00 | | |

| | | Case 16-14601 | L Doc 1 File | d 04/29/16 | Entered 04 | <u>/2</u> 9/16 11:13:48 | Desc | Main | |
|----------------------------------|--|---|---|--|--|---|----------------------------------|-----------------------------|-------------------------------|
| Fill in th | | ation to identify your case | | | | 27.5710 11.15.40 | Desc | iviaiii | |
| Debtor ' | - | Latania | | Pettis | | | | | |
| Debtor 2 | | First Name | Middle Name | Last N | lame | | | | |
| | _ | First Name | Middle Name | Last N | lame | | | | |
| United S | States Bar | nkruptcy Court for the: | Northern | District of II | linois State) | | | | |
| Case nu | | | | | | | | | |
| Offici | ial Fo | rm 106E/F | | | | | Chec | k if this is an | amended filing |
| Sch | edu | le E/F: Cre | ditors Who | Have U | nsecure | d Claims | | | 12/15 |
| 106Á/B) are listec he boxe | and on S d in <i>Sche</i> es on the | Schedule G: Executory edule D: Creditors Who left. Attach the Contin | Contracts and Unexpi Hold Claims Secured | red Leases (Officing by Property. If mage. On the top of a | al Form 106G). Do ore space is neede | ry contracts on <i>Schedu</i> , not include any credito ed, copy the Part you no ges, write your name an | rs with parti ed, fill it out | allý secured , number th | l claims that e entries in |
| 1. Do | _ ′ | ditors have priority und to Part 2. | secured claims against | you? | | | | | |
| ide po Pa | entify what essible, list art 1. If mo | t type of claim it is. If a cla the claims in alphabetic ore than one creditor hold | aim has both priority and r | nonpriority amounts creditor's name. If y he other creditors i | i, list that claim here i you have more than n Part 3. | n, list the creditor separate and show both priority and two priority unsecured cla | d nonpriority a | amounts. As r | much as |
| | | | | | | | Total claim | Priority amount | Nonpriority amount |
| | | | | | | | | | |

Doc 1 Filed 04/29/16 Entered 04/29/16 (141/4)3:48 Desc Main Latania Case 16-14601 Debtor 1 Docum่ซีที่เ^{me} Page 25 of 70 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 CAPITAL ONE BANK USA N \$392.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 85520 10/1/2015 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent RICHMOND Virginia 23285 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only |√| Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt CreditCard Is the claim subject to offset? Other. Specify **✓** No Yes 4.2 CCI \$1,176.00 3428 Last 4 digits of account number Nonpriority Creditor's Name 501 Greene Street # 302 When was the debt incurred? 10/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent 30901 Georgia Augusta Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only ✓ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar debts Collection; Collecting for ORIGINAL CREDITOR: 10 COMMONWEALTH Is the claim subject to offset? **✓** No Other. Specify **EDISON** Yes 4.3 ENHANCED RECOVERY CO I \$1,138.00 Last 4 digits of account number 4599 Nonpriority Creditor's Name 8014 BAYBERRY RD When was the debt incurred? 12/1/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **JACKSONVILLE** Florida 32256 Unliquidated Citv State Zip Code Who incurred the debt? Check one. Disputed [7] Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

✓ No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

Other. Specify

001 Collection; Collecting for ORIGINAL

CREDITOR: SPRINT

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (144):13:48 Desc Main
First Name Document Page 26 of 70

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

| FED LOAN SERV Last 4 digits of account number 0002 | |
|---|-----------------|
| | \$72,122.00 |
| Nonpriority Creditor's Name P.O. Box 60610 When was the debt incurred? 12/1/2015 | |
| Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| Harrisburg Pennsylvania 17106 Contingent | |
| City State Zip Code Unliquidated | |
| Who incurred the debt? Check one. ☐ Disputed ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce you did not report as priority claims | e that |
| Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar de | ehts |
| Is the claim subject to offset? Other. Specify Other. Specify | obio |
| ✓ No | |
| Yes | |
| 4.5 FIRST PREMIER BANK | \$165.00 |
| Nonpriority Creditor's Name | Ψ.σσ.σσ |
| 601 S MINNESOTA AVE When was the debt incurred? 3/1/2016 Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| SIOUX FALLS South Dakota 57104 Contingent | |
| City State Zip Code Unliquidated | |
| Who incurred the debt? Check one. ☐ Disputed ☐ Disputed | |
| Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only Student loans | |
| ☐ Obligations arising out of a separation agreement or divorce | e that |
| you do not report as priority daints | -1-4- |
| ☐ Check if this claim relates to a community debt ☐ Debts to pension or profit-sharing plans, and other similar dept ☐ Debts to pension or profit-sharing plans, and other similar dept ☐ Other. Specify ☐ CreditCard | edis |
| Is the claim subject to offset? | |
| Yes | |
| | #450.00 |
| 4.6 FST PREMIER Last 4 digits of account number 8900 | <u>\$152.00</u> |
| 3820 N LOUISE AVE When was the debt incurred? 3/1/2016 Number Street | |
| As of the date you file, the claim is: Check all that apply. | |
| Cloudy Fall C Contingent | |
| SIOUX FALLS South Dakota 57107 City State Zip Code Unliquidated | |
| Who incurred the debt? Check one. | |
| Debtor 1 only Type of NONPRIORITY unsecured claim: | |
| Debtor 2 only Student loans | |
| I I Debtor 1 and Debtor 2 only | e that |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce you did not report as priority claims | |
| Check if this claim relates to a community debt Debts to pension or profit-sharing plans, and other similar de | ebts |
| Is the claim subject to offset? Other. Specify CreditCard | |
| ✓ No Yes | |

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (14/29/16) (14/29/1 Debtor 1 LataniaCase 16-14601 First Name

| | After Parking and the control of the | St. A.F. Colleges They A.O. and Lon Court | Tatal alaba |
|-----|--|---|-------------|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | HARRIS Nonpriority Creditor's Name | Last 4 digits of account number 5593 | \$1,774.00 |
| | 111 WEST JACKSON B SUITE 400 | When was the debt incurred? 1/1/2016 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | CHICAGO Illinois 60604 | Contingent | |
| | CHICAGO Illinois 60604 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | · | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that | |
| | 片 | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Collection; Collecting for ORIGINAL Other. Specify CREDITOR: 10 PEOPLES GAS | |
| | <u>✓</u> No | Other. Specify CREDITOR. 101 EOI EES GAS | |
| | Yes | | |
| 4.8 | HARVARD COLL | Last 4 digits of account number 6066 | \$1,071.00 |
| | Nonpriority Creditor's Name | <u></u> | |
| | 4839 N Elston Ave Number Street | When was the debt incurred? 2/1/2016 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago Illinois 60630 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | | |
| | Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that | |
| | At least one of the debtors and another | you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Collection; Collecting for ORIGINAL | |
| | ✓ No | CREDITOR: 04 IL DEPT OF HUMAN Other. Specify SVCS | |
| | Yes | Other. Specify SVCS | |
| 4.9 | Robert J. Adams & Associates | | ΦE 200 44 |
| 4.9 | Nonpriority Creditor's Name | Last 4 digits of account number | \$5,229.11 |
| | 901 W Jackson Blvd #202 | _ When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | | |
| | Chicago Illinois 60607 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | = | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify judgment | |
| | No | Y Caron Opening Jauginent | |
| | Vac | | |

Filed 04/29/16 Entered 04/29/16 (14)3:48 Desc Main Document Page 28 of 70 lims - Continuation Page Debtor 1 Latania Case 16-14601 First Name Doc 1

| After listing any entries on thi | s page, number them beginni | ng with 4.5, followed by 4.6, and so forth. | Total claim |
|---|---|--|-------------|
| 4.10 SANTANDER Nonpriority Creditor's Name PO BOX 961245 Number Street | | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. | \$7,000.00 |
| FORT WORTH City Stat Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this claim relates Is the claim subject to offset? No | e Zip Code k one. nd another to a community debt | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify repossession | |

Debtor 1 LataniaCase 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (1/2) 13:48 Desc Main
First Name Document Page 29 of 70

Part 3: List Others to Be Notified About a Debt That You Already Listed

| collection agency is agency here. Similarly | trying to collect ty, if you have mo | from you for a debt y re than one creditor | tt your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you bts in Parts 1 or 2, do not fill out or submit this page. |
|---|--------------------------------------|---|--|
| ComEd | | | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 3 Lincoln Center | | | Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Oakbrook Terrace | Illinois | 60181 | Last 4 digits of account number 3428 |
| City | State | Zip Code | |
| Sprint | | | |
| Name | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P.O. Box 219554 | | | Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Kansas City | Missouri | 64121 | Last 4 digits of account number 4599 |
| City | State | Zip Code | |

Doc 1 Filed 04/29/16 Entered 04/29/16 1643:48 Desc Main

Add the Amounts for Each Type of Unsecured Claim

Debtor 1 Page 30 of 70

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$0.00 6d. Other. Add all other priority unsecured claims. Write that \$0.00 amount here. 6e. Total. Add lines 6a through 6d. \$0.00 **Total claims** \$72,122.00 **Total claims** 6f. Student loans from Part 2 6g. Obligations arising out of a separation agreement or divorce 6g. that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar 6h. 6i. Other. Add all other nonpriority unsecured claims. Write that 6i. amount here. \$90,219.11 6j. Total. Add lines 6f through 6i. 6j.

Part 4:

| | | 4 - 4 - 10 | | | |
|---------------------------------|---|-----------------------------------|------------------------------|---|--|
| Fill in this inform | Case 16-1460 ation to identify your cas | | 1/29/16 Entered | 04/29/16 11:13:48 | Desc Main |
| Debtor 1 | Latania | | Pettis | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | | | (State) | | |
| , | Form 106G | | | | Check if this is a amended filing |
| Schedul | e G: Execut | ory Contracts a | and Unexpired | d Leases | 12/1 |
| | l, copy the additional p | | | | ing correct information. If more onal pages, write your name and |
| 1. Do you ha | ave any executory | contracts or unexpired | leases? | | |
| No. Ched | ck this box and file this fo | rm with the court with your other | schedules. You have nothin | ng else to report on this form. | |
| ✓ Yes. Fill i | in all of the information b | elow even if the contracts or lea | ses are listed on Schedule A | A/B: Property (Official Form 106A | /B). |
| | | | | state what each contract or lead camples of executory contracts an | |
| Person | or company with who | m you have the contract or lea | ase | State what the contrac | t or lease is for |
| 2.1 Williams, Name | Oscar | | | Other, Other, 1 year residential lease | |

4938 Wallace Ave Number

Chicago City Street

Illinois State 60644 Zip Code

| Eill in Al- | :: | Case 16-1460 | | 04/29/16 | Entered 0 | 4/29/16 11:13:48 | Desc Main |
|----------------|--------------|-----------------------------|--|-----------------------|-------------------|-----------------------------------|---|
| FIII IN TO | iis intormi | ation to identify your case | 9: | | je je | | |
| Debtor | 1 | Latania | | Pettis | | | |
| | | First Name | Middle Name | Last N | ame | _ | |
| Debtor | 2 | | | | | | |
| | | First Name | Middle Name | Last N | ame | _ | |
| | | | | | | | |
| United : | States Ba | ankruptcy Court for the: | Northern | District of III | inois | _ | |
| | | | | (\$ | State) | | |
| Case n | | | | | | _ | |
| (If know | n) | | | | | | <u></u> |
| | | | | | | | Check if this is an |
| | | | | | | | amended filing |
| \bigcap ffic | rial F | orm 106H | | | | | |
| | Jiai i | 01111 10011 | | | | | |
| Sch | edule | e H: Your Co | debtors | | | | 12/15 |
| ogethe | r, both a | re equally responsible | for supplying correct info | rmation. If mor | e space is neede | ed, copy the Additional Pag | f two married people are filing e, fill it out, and number the entries |
| | | the left. Attach the Add | itional Page to this page. | On the top of a | ny Additional Pag | ges, write your name and c | ase number (if known). Answer |
| every qu | uestion. | | | | | | |
| 1. [| Do vou h | ave any codebtors? (If | you are filing a joint case, do | not list either sr | nouse as a codebt | tor) | |
| г | _ | ave any codebiors: (ii | you are ming a joint oace, a | o riot not ourior of | ouse as a codesi | ., | |
| Ī | No | | | | | | |
| | ✓ Yes | | | | | | |
| 2. \ | Within th | e last 8 vears, have vo | u lived in a community pro | operty state or t | erritory? (Comm | nunity property states and territ | tories include Arizona, California, |
| | | • | exico, Puerto Rico, Texas, W | | - ' | | , |
| | | Go to line 3. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | aor in Igro-i, arra i | | | |
| Ļ | | | | | | | |
| L | Yes. | Did your spouse, former | spouse, or legal equivalent | live with you at th | e time? | | |
| | \checkmark | No | | | | | |
| | \Box | Yes. In which community | v state or territory did you live | ? | Fill in the | name and current address of | that person. |
| | ш | | , clair or termory and you are | | | | inal personii |
| | | Name of the same of the | | -11 | | | |
| | | Name of your spouse, to | ormer spouse, or legal equiv | aient | | | |
| | | | | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | City | State | | Zip Code | | |
| | | , | | | • | | |
| 3. I | n Colum | n 1, list all of your code | ebtors. Do not include you | ır spouse as a | codebtor if your | spouse is filing with you. L | ist the person shown in line 2 |
| | | | | | | sted the creditor on Schedu | |
| | Schedule | E/F (Official Form 106 | E/F), or Schedule G (Office | ial Form 106G) | Use Schedule D | D, Schedule E/F, or Schedul | e G to fill out Column 2. |
| | | • | , | ŕ | | | |
| (| Column | 1: Your codebtor | | | | Column 2: The creditor to | whom you owe the debt |
| | | | | | | | |
| | | | | | | Check all schedules that app | oly: |
| 2 1 - | - · · · · · | | | | | | |
| | Pettis, Ga | ry | | | | Schedule D, line | 2.1 |
| 1 | Name | | | | | _ | |
| | | 2938 W Race | | | | Schedule E/F, line | |
| 1 | Number | Street | | | | Schedule G, line | |
| C | Chicago | | Illinois | 60644 | | Scriedule G, III le | |
| _ | City | | State | Zip Code | | | |
| • | , | | 3.0.0 | p 0000 | | | |

| Fill in thi | s information to identify | A vont case. | 100/40 - | | 11.9/16 11: | :13:48 | Desc M | 1ain | |
|--|--|--|------------------------|----------------------|-------------|------------------------|-----------------|---------|---------------------|
| | o information to laonting | Docum | nent i d | ige oo oi | 70 | | | | |
| Debtor 1 | Latania | | Pettis | | _ | | | | |
| | First Name | Middle Name | Last Name | 9 | | Check if thi | s is: | | |
| Debtor 2 | filing) First Name | Middle Name | Last Name | | - | ☐ An ame | ended filing | | |
| (Opouco , | ······9/ Filst Name | Middle Name | Lastiname | 7 | | = | Ü | na noet | -petition chapter 1 |
| United Stat | tes Bankruptcy Court for the: | Northern | District of Illinois | | _ | | es as of the fo | | |
| Case numb | ner . | | (State | e) | | | | | |
| (If known) | | | | | - | MM / D | D / YYYY | _ | |
| Officia | al Form 106I | | | | | | | | |
| | | | | | | | | | |
| Sched | dule I: Your Inc | ome | | | | | | | 12/1 |
| ages, w | | e. If more space is neede se number (if known). An | | | | | | | |
| Fill in your employment | | | Debtor 1 | | | Debtor : | 2 | | |
| lf yo job, | information. | Employment status | Employed Not Employed | | | Employed Not Employed | | | |
| | you have more than one ob, ttach a separate page with nformation about additional | p.oyo o | | | | | | | |
| | | | I NOT ELLIBIO | /eu | | ☐ NOLE | прюуеа | | |
| | | Occupation | Patient Registr | ration | | | | | |
| | employers. | Employer's name | Advocate Healt | thcare | | | | | |
| | Include part time, seasonal, | Employer's address | 8550 W Bryn M | lawr | _ | ' | | | |
| or | | Limployer 5 address | Number Street | iawi | _ | Number St | reet | | |
| | self-employed work. | | | | | | | | |
| | Occupation may include | | | | | | | | |
| | student or homemaker, if it applies. | | O | | 00004 | | | | |
| | | | Chicago City | Illinois State | Zip Code | City | ; | State | Zip Code |
| | | | 5 months | | <u></u> | | | | |
| | | How long employed there? | 5111011015 | | | | | | |
| Estimate are separate If you or you a separate 2. List | ated. our non-filing spouse have mo e sheet to this form. monthly gross wages, salar | date you file this form. If you have than one employer, combine the than one commissions (before all | ne information for | all employers | | the lines be | elow. If you ne | | • |
| | | lculate what the monthly wage wo | | | | | | | |
| 3. Estimate and list monthly overtime pay. 3. | | | | 3. | + \$0.00 | | | | |

4. Calculate gross income. Add line 2 + line 3.

\$2,898.35

Debtor 1 Latania Case 16-14601 Filed 04/29/16 Entered @4/29/16 11:13:48 Desc Main Doc 1 Middle Name Documentame Page 34 of 70 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4 \$2,898.35 5. List all payroll deductions: \$698.45 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 5b. \$108.33 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$0.00 5h. Other deductions. Specify: 5h. -\$0.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$806.78 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,091.57 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$0.00 8a. monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 8f. \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. -\$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9. \$0.00 10. Calculate monthly income. Add line 7 + line 9. \$2,091.57 \$2,091.57 10 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 11. + \$0.00 Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. \$2,091.57 Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Debtor anticipates working full time. Yes. Explain:

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Document Page 35 of 70

| | Case 16-1460 | 11 Doc 1 Filed 04 | 1/29/16 Entered | 04/29/16 11:13:48 | Desc Main | |
|--|---|--|---|--------------------------|-------------------------------|----------|
| Fill in this inform | ation to identify your cas | | J. J | | | |
| Debtor 1 | Latania | | Pettis | | | |
| | First Name | Middle Name | Last Name | _ | | |
| Debtor 2 | | | | Check if this is: | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | An amended fili | ng | |
| United States Ba | ankruptcy Court for the: | Northern | District of Illinois | | howing post-petition ch | apter 13 |
| Case number | | | (State) | expenses as of | the following date: | |
| (If known) | | | | | /Y | |
| ۲ (۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ - ۲ | 400 l | | | | | |
| Jiticiai F | orm 106J | | | | | |
| Schedul | e J: Your Ex | cpenses | | | | 12/1 |
| nformation. If m | ore space is needed, ver every question. ribe Your Househ | ible. If two married people are attach another sheet to this fo | | | | |
| ✓ No. Go t | o line 2 | | | | | |
| | es Debtor 2 live in a s | operate household? | | | | |
| res. Do | | eparate nousenoid? | | | | |
| L | No | | | | | |
| | Yes. Debtor 2 must file | e Official Forms 106J-2, Expense | es for Separate Household of | f Debtor 2. | | |
| 2. Do you have | dependents? | No | | | | |
| Do not list De Debtor 2. | | each dependent | Dependent's relationsh Debtor 1 or Debtor 2 Child | Dependent's age 10 years | Does dependent with you? No. | t live |
| | | | | | ✓ Yes. | |
| Do your expenses of than yourself and dependents | people other ✓ N | No /es | | | | |
| Part 2: Estim | nate Your Ongoing | Monthly Expenses | | | | |
| Estimate your of expenses as of applicable date | expenses as of your b f a date after the bank s. | ankruptcy filing date unless your ruptcy is filed. If this is a supposesh government assistance it | lemental Schedule J, ched | | • | |
| | | t on Schedule I: Your Income | | | Your e | expenses |
| | r home ownership exp the ground or lot. 4. | penses for your residence. Incl | ude first mortgage payments | and | 4. | \$800.00 |
| | ded in line 4: | | | | | |
| 4a. Real est | ate taxes | | | | 4a | \$0.00 |
| 4b. Property | , homeowner's, or rente | er's insurance | | | 4b | \$0.00 |
| 4c. Home m | aintenance, repair, and u | upkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (14-14-14-13):48 Desc Main

Document Page 37 of 70 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$300.00 6a. 6b. Water, sewer, garbage collection \$45.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$160.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$550.00 7. 8. Childcare and children's education costs \$0.00 8. 9. Clothing, laundry, and dry cleaning \$70.00 9. 10. Personal care products and services \$70.00 10. 11. Medical and dental expenses \$10.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$155.00 12. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$0.00 15c 15d. Other insurance. Specify: \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _ \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. Specify: \$0.00 19. 20.Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. \$0.00 20b 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| | ataniaCase 16-14601 | Doc 1 | Filed 04/2:9/16 | Entered 04/29/16 (1414) 13:4 | 18 D | esc Main | |
|---------------------|---|------------------|------------------------------|------------------------------|------|----------|------------|
| 21. Other. S | | Wildale Harrie | Docume ni | Page 38 of 70 | 21 | | \$0.00 |
| 21.04101.0 | | | | | 21 | - | Ψο.σο |
| 22. Calcula | ite your monthly expenses. | | | | | | \$2,160.00 |
| 22a. Add | d lines 4 through 21. | | | | | | \$0.00 |
| 22b. Cop | py line 22 (monthly expenses for | Debtor 2), if ar | ny, from Official Form 106J | -2 | | | \$2,160.00 |
| 22c. Add | d line 22a and 22b. The result is | your monthly ex | xpenses. | | 22. | | |
| 23. Calculat | te your monthly net income. | | | | | | |
| 23a. Cop | py line 12 (your combined month | nly income) fron | n Schedule I. | | 23a | | \$2,091.57 |
| 23b. Cop | py your monthly expenses from li | ne 22 above. | | | 23b | | \$2,160.00 |
| | otract your monthly expenses from ne result is your monthly net inco | | income. | | 23c | | (\$68.43) |
| 24. Do vou | expect an increase or decrea | se in vour ext | penses within the vear af | ter you file this form? | | | |
| For exa | ample, do you expect to finish pa ge payment to increase or decre | ying for your ca | r loan within the year or do | you expect your | | | |
| ✓ No | | | | | | | |
| Yes | s | | | | | | |
| | Explain here: | | | | | | |
| | · | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | Case 16-1460 | 1 Doc 1 Filed (| 04/20/16 Er | <u>ntered 04/2</u> 9/16 11:13:4 | 49 Doco Main |
|----------------|--------------------------------|-----------------------------|------------------------------|------------------------|--|-----------------------------------|
| Fill ir | n this inform | ation to identify your case | | 14/79/1() FI | <u>110101 04/29/10 11.13.</u> 2 | to Desciviani |
| Debt | tor 1 | Latania | | Pettis | , | |
| | | First Name | Middle Name | Last Name | | |
| Debt (Spo | | First Name | Middle Name | Last Name | | |
| Unite | ed States Ba | ankruptcy Court for the: | Northern | District of Illinois | | |
| | | | | (State) | | |
| Case (If kn | e number own) | | | | | |
| Off | icial F | orm 106De | <u>C</u> | | | Check if this is a amended filing |
| De | clarat | ion About a | n Individual De | ebtor's Sc | hedules | 12/1 |
| If two | married p | eople are filing togethe | er, both are equally respons | sible for supplying | correct information. | |
| Part | and 3571. 1: Sign Did you pa | | eone who is NOT an attorne | ey to help you fill ou | t bankruptcy forms? | |
| | ✓ No | | | | | |
| | Yes. N | lame of person | | | kruptcy Petition Preparer's Notice, D Official Form 119). | eclaration, and |
| | • | re true and correct. | e that I have read the sumn | × | filed with this declaration and | |
| ; | Signature o | f Debtor 1 | | , | Signature of Debtor 2 | |
| | Date <u>4/29/2</u> MM/l | 2016 DD/YYYY | | | Date | |

| Fill | in this inform | Case 16-1460 pation to identify your case | | Filed 04/29/16 | Entered 04 | 29/16 11:13:48 | Desc Main |
|------|--------------------|---|------------------------|-----------------------------|---------------------|-------------------------|---|
| | otor 1 | Latania | - | Pettis | | | |
| Del | otor 2 | First Name | Middle I | Name Last Na | me | | |
| | | First Name | Middle I | Name Last Na | ame | | |
| Uni | ted States B | ankruptcy Court for the: | Northern | District of Illin | nois tate) | | |
| | se number nown) | | | (0. | | | |
| Of | ficial F | Form 107 | | | | | Check if this is a amended filing |
| | | | ial Affairs | for Individua | als Filing | for Bankrup | t cv 12/1 |
| Веа | s complete | and accurate as possil | ole. If two married | people are filing together | er, both are equall | y responsible for suppl | ying correct information. If more er (if known). Answer every question |
| Par | t1: Give | Details About Your | Marital Status | and Where You Liv | ed Before | | |
| 1. | What is | your current marital sta | atus? | | | | |
| | ☐ Mar | ried married | | | | | |
| 2. | During t | he last 3 years, have yo | u lived anywhere o | other than where you live | now? | | |
| | ✓ No Yes. | List all of the places you l | ived in the last 3 yea | ars. Do not include where y | ou live now. | | |
| | Deb | tor 1: | | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| | | | | | Same as I | Debtor 1 | Same as Debtor 1 |
| | Num | ber Street | | From | Number Stree | et | From |
| | | | | _ To | | | To |
| | City | State | Zip Code | _ | City | State Zip (| Code |
| | | | | | Same as I | Debtor 1 | Same as Debtor 1 |
| | Num | ber Street | | From | Number Stree | ot . | From |
| | | | | _ To | | | To |
| | City | State | Zip Code | _ | City | State Zip (| Code |
| • | | | · | | • | · | (Community property states and |
| 3. | territories in | nclude Arizona, California | , Idaho, Louisiana, I | Nevada, New Mexico, Pue | | | |

Filed 04/29/16 Entered 04/29/16 11:48 Desc Main Document Page 41 of 70 Debtor 1 Latania Case 16-14601 First Name Doc 1

| Part | 2: Explain the Sources of Your Inc | ome | | | |
|------|--|--|--|--|---|
| 4. | Did you have any income from employmen Fill in the total amount of income you received activities. If you are filing a joint case and you have the last of the las | from all jobs and all businesses | , including part-time | | |
| | res. Fill lift the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips☐ Operating a business | \$5000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | For last calendar year: (January 1 to December 31, | ✓ Wages, commissions, bonuses, tips Operating a business | \$20000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | For the calendar year before that: (January 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$13000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | Did you receive any other income during thi Include income regardless of whether that income benefit payments; pensions; rental income; inter and you have income that you received together, List each source and the gross income from each No Yes. Fill in the details. | ne is taxable. Examples of other est; dividends; money collected list it only once under Debtor 1. | income are alimony; child su from lawsuits; royalties; and | gambling and lottery winnings. | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | | | |
| | For last calendar year: (January 1 to December 31, | link | \$1,136.00 | | |
| | For the calendar year before that: (January 1 to December 31, | link | \$3,408.00 | | |
| | | | | | |

Debtor 1 Latania Case 16-14601 First Name Filed 04/29/16 Entered 04/29/16 11:48 Desc Main Document Page 42 of 70 Doc 1

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| Are either | r Debtor 1's o | r Debtor 2's de | ebts primarily con | sumer debts? | | | | | | |
|------------|---|-------------------------------------|---|--------------------------|---|------------------------------|------------------------------|--|--|--|
| | | or 1 nor Debtor family, or house | | onsumer debts. Consu | ımer debts are defined in 11 | U.S.C. § 101(8) as "incurred | d by an individual primarily | | | |
| 1 | During the 90 c | lays before you | filed for bankruptcy, | did you pay any creditor | a total of \$6,425* or more? | | | | | |
| 1 | No. Go to | line 7. | | | | | | | | |
| 1 | total | l amount you pa | id that creditor. Do | not include payments for | nore in one or more payment domestic support obligation attorney for this bankruptcy ca | s, such as | | | | |
| * | * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. | | | | | | | | | |
| ✓ Yes. I | | | | | | | | | | |
| _ , | During the 90 c | lays before you | filed for bankruptcy, | did you pay any creditor | a total of \$600 or more? | | | | | |
| | _ | | 1 2/ | | | | | | | |
| Ì | ✓ No. Go to line 7. ✓ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. | | | | | | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Was this payment for | | | |
| Cred | ditor's Name | | | | | | Mortgage | | | |
| Num | nber Street | | | | | | Car Credit card | | | |
| | | | | | | | Loan repayment | | | |
| 0:1 | | 01-1- | 7'. 0. 1. | | | | Suppliers or vendors | | | |
| City | | State | Zip Code | | | | Other | | | |
| Crec | ditor's Name | | | - | | | Mortgage | | | |
| | altor 3 realine | | | | | | Car | | | |
| Num | ber Street | | | | | | Credit card | | | |
| | | | | | | | Loan repayment | | | |
| City | | State | Zip Code | | | | Suppliers or vendors | | | |
| | | | i - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | | | | Other | | | |
| Cred | ditor's Name | | | | | | Mortgage | | | |
| | | | | | | | Car | | | |
| Num | ber Street | | | | | | Credit card | | | |
| | | | | | | | Loan repayment | | | |
| City | | State | Zip Code | | | | Suppliers or vendors | | | |
| 2.1.9 | | | p | | | | Other | | | |

Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 Adi:13:48 Desc Main Debtor 1 Document Page 43 of 70 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 Latania Case 16-14601 First Name Doc 1

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

| lisputes. ✓ No | | | | | | | |
|----------------------------|-------------------------|----------|---|--|--------|----------|------------------------|
| Yes. Fill in the | e details. | | | | | | |
| | | Natu | re of the case | Court or age | ncy | | Status of the case |
| Case title | | | | | | | Pending |
| | | | | Court Name | | | On appeal |
| Case numb | per | | | Number Stree | et | | Concluded |
| - | | | | City | State | Zip Code | _ |
| Case title | | | | 2.9 | | | Pending |
| | | | | Court Name | | | On appeal |
| Case numb | per | | | Number Stree | et | | - Concluded |
| | | | | | | 7: 0 ! | _ |
| | | | | City | State | Zip Code | |
| | he information below. | | Describe the pro | operty | | Date | Value of the |
| | | | Describe the pro | operty | | Date | Value of the property |
| Creditor's | | | Describe the pro | pperty | | Date | |
| Creditor's I | | | Describe the pro | | | Date | |
| | | | _ | | | Date | |
| | Name | | Explain what ha | ppened repossessed. | | Date | |
| | Name | | Explain what ha Property was | ppened repossessed. foreclosed. | | Date | |
| | Name | Zip Code | Explain what ha Property was Property was Property was | ppened repossessed. foreclosed. | evied. | Date | |
| Number | Name Street | Zip Code | Explain what ha Property was Property was Property was | ppened repossessed. foreclosed. garnished. attached, seized, or I | evied. | Date | |
| Number | Name Street State | Zip Code | Explain what ha Property was Property was Property was Property was | ppened repossessed. foreclosed. garnished. attached, seized, or I | evied. | | property Value of the |
| Number | Name Street State | Zip Code | Explain what ha Property was Property was Property was Property was | ppened repossessed. foreclosed. garnished. attached, seized, or l | evied. | | property Value of the |
| Number City Creditor's I | Name Street State | Zip Code | Explain what ha Property was Property was Property was Property was Describe the pro | ppened repossessed. foreclosed. garnished. attached, seized, or l | evied. | | property Value of the |
| Number City Creditor's I | Name Street State | Zip Code | Explain what ha Property was Property was Property was Property was Describe the pro Explain what ha | ppened repossessed. foreclosed. garnished. attached, seized, or l | evied. | | property Value of the |
| Number City Creditor's | Name Street State | Zip Code | Explain what ha Property was | ppened repossessed. foreclosed. garnished. attached, seized, or leperty ppened repossessed. foreclosed. | evied. | | property Value of the |
| Number City Creditor's | Name Street State | Zip Code | Explain what ha Property was Property was Property was Property was Explain what ha Property was Property was Property was Property was Property was | ppened repossessed. foreclosed. garnished. attached, seized, or leperty ppened repossessed. foreclosed. | | | property Value of the |

| Deb | tor 1 | Latania Case 16-14601 Doc 1 First Name Middle Name | Filed 04/29/16 Entered 04/29/16 Document Page 45 of 70 | @1646.0013:48 Desc! | <u>Main</u> |
|------|----------|---|---|-------------------------------|-------------------------|
| 11. | | nin 90 days before you filed for bankruptcy, di ounts or refuse to make a payment because yo | id any creditor, including a bank or financial institut | ion, set off any amounts fr | om your |
| | | No Yes. Fill in the details. | | | |
| | | | Describe the action the creditor took | Date action was taken | Amount |
| | | Creditor's Name | | | |
| | | Number Street | | | |
| | | | Last 4 digits of account number: XXXX- | | |
| | | City State Zip Code | | | |
| 12. | | nin 1 year before you filed for bankruptcy, was iver, a custodian, or another official? | any of your property in the possession of an assig | nee for the benefit of credit | tors, a court-appointed |
| | ☑ | No Yes | | | |
| Part | 5: | List Certain Gifts and Contributions | | | |
| 13. | Wi | No | id you give any gifts with a total value of more than | \$600 per person? | |
| | | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | Person to Whom You Gave the Gift | | | |
| | | Number Street | | | |
| | | City State Zip Code Person's relationship to you | | | |
| | | | | | |

| 14. | | | | ocumente Page 46 of 70 | | |
|-------------|--------|--|-----------------------------|--|-----------------------------------|--------------------------|
| | With | nin 2 years before you filed for ba | | give any gifts or contributions with a total value of mor | e than \$600 to an | ny charity? |
| | | No Yes. Fill in the details for each gift o | r contribution. | | | |
| | _ | Gifts with a total value of more to per person | han \$600 | Describe the gifts | Dates you gave the gifts | Value |
| | | Charity's Name | | | | |
| | | | | | | |
| | | Number Street | | | | |
| Dont | C. I | City State | Zip Code | | | |
| Part 15. | | _ist Certain Losses in 1 year before you filed for banl | kruptcy or since y | ou filed for bankruptcy, did you lose anything because | of theft, fire, othe | r disaster, or |
| | gam | bling? | | | | |
| | | No Yes. Fill in the details. | | | | |
| | | Describe the property you lost as how the loss occurred | nd | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending | Date of your loss | Value of property lost |
| | | | | insurance claims on line 33 of Schedule A/B: Property. | | |
| Part ' | 7: L | ∟ist Certain Payments or Tr | ansfers | | | |
| | | in 1 year before you filed for banl ing bankruptcy or preparing a ba | | r anyone else acting on your behalf pay or transfer any p | property to anyor | ne you consulted about |
| | Includ | de any attorneys, bankruptcy petition | | t counseling agencies for services required in your bankrupto | су. | |
| | | No | | | | |
| | | Yes. Fill in the details. | | | | |
| | | | | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | _ | Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | | Description and value of any property transferred Attorney's Fee - 0.00 | or transfer | Amount of payment \$0.00 |
| | _ | Yes. Fill in the details. Semrad Law Firm | | | or transfer was made | |
| | _ | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois | 60606 | | or transfer was made | |
| | _ | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State | 60606 Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois | Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State Email or website address None | Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State Email or website address None Person Who Made the Payment, if N | Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State Email or website address None Person Who Made the Payment, if N | Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State Email or website address None Person Who Made the Payment, if N Person Who Was Paid Number Street | Zip Code | | or transfer was made | |
| | | Semrad Law Firm Person Who Was Paid 20 South Clark Street 28th Floor Number Street Chicago Illinois City State Email or website address None Person Who Made the Payment, if N Person Who Was Paid Number Street City State | Zip Code Not You Zip Code | | or transfer was made | |

Debtor 1 Latania Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 (Akabi-13:48 Desc Main

| | No Yes. Fill in the details. | | | | | | |
|-----|---|-------------------|---|-----------------------|-----------------------------------|-----------|------------------------|
| | | | Description and value of any prop | erty transferred | Date payment or transfer was made | Amou | nt of paymer |
| | Person Who Was Paid | | - | | | | |
| | Number Street | | - - | | | | |
| | City State | Zip Code | - | | | | |
| Inc | dinary course of your business or fillude both outright transfers and transfers from the steed on the last of the | ers made as secur | ity (such as the granting of a security inte | erest or mortgage on | your property). Do | not incli | ude gifts and |
| | | | Description and value of any property transferred | | property or paymebts paid in exch | | Date trans was made |
| | Person Who Received Transfer | | - | | | | |
| | Number Street | | - | | | | |
| | City State Person's relationship to you | Zip Code | - | | | | |
| | Person Who Received Transfer | | - | | | | |
| | Number Street | | - | | | | |
| | City State Person's relationship to you | Zip Code | _ | | | | |
| | nese are often called asset-protection of No | | u transfer any property to a self-settle | d trust or similar de | evice of which yo | u are a l | beneficiary? |
| | | | Description and value of the prop | erty transferred | | | Date trans |
| (Tr | Yes. Fill in the details. | | zoon.p.ion and raide of the prop | , | | | was made |

Filed 04/29/16 Entered 04/29/16 (Aut.) 13:48 Desc Main

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

Page 48 of 70

Debtor 1 Latania Case 16-14601 First Name Doc 1 Document Mitme

| or tr Inclu | ansferred? de checking, savings, n | | ere any financial accounts or instru- nancial accounts; certificates of deposit titions. | | |
|----------------|---------------------------------------|---------------|--|----------------------------------|---|
| V | No Yes. Fill in the details. | | | | |
| | res. I iii iii ure detailis. | | Last 4 digits of account number | Type of account or instrument | Date account was closed, before closing sold, moved, or transfer or transferred |
| | Person Who Was Paid | 1 | XXXX- | Checking Savings | |
| | Number Street | | | | |
| | City 5 | State Zip Cod | <u>e</u> | Cities | |
| | Person Who Was Paid | | xxxx- | Checking Savings | |
| | Number Street | | | Money market Brokerage | |
| | City 5 | State Zip Cod | e | Other | |
| _ | ables? No Yes. Fill in the details. | | Who else had access to it? | Describe the conte | ents Do you still have it? |
| | Name of Financial Ins | titution | Name | | No |
| | Number Street | | Number Street | | Ŭ Yes |
| | City St | ate Zip Code | City State | Zip Code | |
| . Have | | · | ace other than your home within 1 y | ear before you filed for bankrup | tcy? |
| | No Yes. Fill in the details. | | | | |
| | | | Who else had access to it? | Describe the conte | ents Do you still have it? |
| | Name of Storage Faci | ility | Name | | ☐ No ☐ Yes |
| | Number Street | | Number Street | | Lies Lies |
| | | | City State 2 | Zip Code | |

| Deb | | First Name Middle Name | Docum | ënt™ Paç | ntered 04/2 ge 49 of 70 | 9416 444413:48 Desc Maii | 1 |
|------|----------|--|--|--|---|---|-----------------|
| Part | 9: | Identify Property You Hold or Control | l for Some | one Else | | | |
| 23. | _ | ou hold or control any property that someone No Yes. Fill in the details. | e else owns? | Include any pro | perty you borro | wed from, are storing for, or hold in tru | st for someone. |
| | ш | 103. Till ill tille details. | Where is t | he property? | | Describe the contents | Value |
| | | Owner's Name | Number St | reet | | - | |
| | | Number Street | _ | | | - | |
| | | Number Street | | | | | |
| | | | City | State | Zip Code | | |
| | | City State Zip Code | _ | | | | |
| Part | 10: | Give Details About Environmental In | formation | | | | |
| For | the p | urpose of Part 10, the following definitions apply: | | | | | |
| | Si or to | cluding statutes or regulations controlling the clear ite means any location, facility, or property as define used to own, operate, or utilize it, including disposate azardous material means anything an environment exic substance, hazardous material, pollutant, contain notices, releases, and proceedings that you know any governmental unit notified you that you may governm | ed under any er sal sites. al law defines a aminant, or sim about, regardl | nvironmental law, as a hazardous w illar term. ess of when they or potentially lia ntal unit | whether you now raste, hazardous so occurred. | substance, | Date of notice |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| 25. | _ | e you notified any governmental unit of any re No Yes. Fill in the details. | elease of haza | | ? | Environmental law, if you know it | Date of notice |
| | | | _ | | | - Liviloiiiieittai law, ii you kilow it | Date of Hotice |
| | | Name of site | Governmen | | | _ | |
| | | Number Street | Number St | reet | | | |
| | | | City | State | Zip Code | - | |
| | | City State Zip Code | _ | | | | |
| | | | | | | | |

| Debto | r 1 | LataniaCase 16-1460 First Name | 1 Doc 1 F | | <u>Entered</u> 04/29 Page 50 of 70 | /11.66 (Akabi/al.3: <u>48</u> | Desc Main |
|----------|----------------------------------|---|----------------------|------------------------------|---------------------------------------|-------------------------------|---|
| 26. H | lav | e you been a party in any jud | icial or administrat | ive proceeding under | any environmental law | ? Include settlements | and orders. |
| [| ✓ | No | | | | | |
| L | _ | Yes. Fill in the details. | | Court or agency | | Nature of the case | Status of the |
| | | Case title | | | | | case |
| | | | | Court Name | | | Pending |
| | | | | Number Street | | | On appeal |
| | | Case number | | Number Street | | | Concluded |
| | | | | City State | e Zip Code | | |
| Part 1 | 1: | Give Details About You | ır Business or (| Connections to Ar | ny Business | | |
| 27. \ | Vitl | nin 4 years before you filed fo | or bankruptcy, did y | ou own a business or | have any of the follow | ing connections to any | y business? |
| | | A sole proprietor or self-er | | • | • | -time | |
| | | A member of a limited liab A partner in a partnership | | or ilmited liability partner | 'SNIP (LLP) | | |
| | | An officer, director, or mar | | | | | |
| | | An owner of at least 5% o | | securities of a corporation | on | | |
| <u>[</u> | $\stackrel{\checkmark}{\exists}$ | No. None of the above applies. Yes. Check all that apply above | | below for each business | 5. | | |
| | | | | Describe the na | ture of the business | | entification number Do not all Security number or ITIN. |
| | | | | | | EIN: | a decurry number of frie. |
| | | Business Name | | | | | |
| | | Number Street | | Name of accour | ntant or bookkeeper | Dates busine | ss existed |
| | | City State | Zip Code | | | From | To |
| | | | | | | | |
| | | | | Describe the na | ture of the business | Employer Ide | entification number Do not |
| | | | | | | | al Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | Number Street | | Nome of account | ntant or bookkeeper | Dates busine | ess existed |
| | | City State | Zin Codo | Name of accour | папт от вооккеерег | From | То |
| | | City State | Zip Code | | | 110111 | |
| | | | | | | | |
| | | | | Describe the na | ture of the business | | entification number Do not all Security number or ITIN. |
| | | Business Name | | | | EIN: | |
| | | | | | | Dates busine | ass existed |
| | | Number Street | | Name of accour | ntant or bookkeeper | Dates Busine | SS GAISIGU |
| | | City State | Zip Code | | | From | To |
| | | | | | | | |
| | | | | | | * | |

| Page 51 of 70 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institution creditors, or other parties. No No Name Name Number Street Middle Name Middle Name Middle Name Docume in the Page 51 of 70 | tions, |
|--|--------|
| reditors, or other parties. ✓ No Yes. Fill in the details below. Date issued Name Number Street | tions, |
| Yes. Fill in the details below. Date issued Name Number Street | |
| Name MM/DD/YYYY Number Street | |
| Number Street | |
| | |
| | |
| City State Zip Code | |
| Part 12: Sign Below | |
| I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are triand correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Kalania Pettis Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are triangles and correct. I understand in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | e true |
| Signature of Debtor 1 Signature of Debtor 2 | |
| Date 4/29/2016 | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | |
| No No | |
| Yes | |
| Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | |
| | |

| | Case 16-1460 | 1 Doc 1 Filed (| 04/29/16 F | Entered 04/29/16 11:13:48 | Desc Main |
|---|-----------------------------|-----------------|---------------------|---------------------------------------|------------------------------------|
| Fill in this informa | ation to identify your case | | | 0,10,110,10 | Dood Man |
| Debtor 1 | Latania | | Pettis | | |
| | First Name | Middle Name | Last Nam | e | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Nam | e | |
| United States Ba | nkruptcy Court for the: | Northern | District of Illinoi | | |
| Case number | | | (State | e) | |
| Official F | orm 108 | | | | Check if this is an amended filing |
| Stateme | nt of Intenti | on for Individu | uals Filing | g Under Chapter 7 | 12/15 |
| f you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form. If two married people are filing together in a joint case, both are equally responsible for supplying correct information. | | | | | |
| • | ust sign and date the | • | qually responsible | io for supplying correct information. | |

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property secures a debt? as exempt on Schedule C? No. Creditor's Surrender the property. name: GO FINANCIAL Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: 2006 Lincoln Zephyr | Value: \$3,400.00 Retain the property and [explain]: Surrender the property. ✓ No. Creditor's name: Progressive Finance Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Mattress set | Value: \$200.00 Retain the property and [explain]: Surrender the property. No. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

| Debtor Latania Case 16-14601 Doc 1 Filed 04 | 1/29/16 Entered (4/29/16 11:13:48 Desc Main Feits Page 53 of 70 Last Name known) |
|--|--|
| 1 First Name Middle Name | Last Name (190 33 0 known) |
| Part 2: List Your Unexpired Personal Property Leases | |
| | dule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the are leases that are still in effect; the lease period has not yet ended. You may assume an it. 11 U.S.C. § 365(p)(2). |
| Describe your unexpired personal property leases | Will the lease be assumed? |
| Lessor's name: Williams, Oscar | □ No ✓ Yes |
| Description of leased property: 1 year residential lease | |
| Lessor's name: | No Yes |
| Description of leased property: | |
| Lessor's name: | No Yes |
| Description of leased property: | |
| Lessor's name: | □ No □ Yes |
| Description of leased property: | |
| Lessor's name: | □ No □ Yes |
| Description of leased property: | |
| Lessor's name: | □ No □ Yes |
| Description of leased property: | |
| Lessor's name: | □ No □ Yes |
| Description of leased property: | |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my inte that is subject to an unexpired lease. | ntion about any property of my estate that secures a debt and any personal property |
| Is/ Latania Pettis | Signature of Debtor 1 |
| Date 4/29/2016 | Date |

MM/DD/YYYY

MM/DD/YYYY

B 203 (12/94)

In

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Document Page 54 of 70

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| re | Latania Pettis | | Case No. | |
|----|--|---------------------------------------|---|-------------------------------|
| - | Debtor | | | (If known) |
| | | | Chapter | Chapter 7 |
| | DISCLOSURE OF | COMPENSATION | OF ATTORNEY FO | R DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the p | etition in bankruptcy, or agreed to | o be paid to me, for services |
| | For legal services, I have agreed to | accept | | \$1,465.0 |
| | Prior to the filing of this statement I | have received | | \$0.0 |
| | Balance Due | | | \$1,465.0 |
| 2. | The source of the compensation paid | to me was: | | |
| | Debtor | Other (specify) | | |
| 3. | The source of the compensation paid | I to me is: | | |
| | ✓ Debtor | Other (specify) | | |
| 4. | I have not agreed to share the all members and associates of my | pove-disclosed compensation law firm. | n with any other person unless the | ey are |
| | | w firm. A copy of the agreem | h a other person or persons who a nent, together with a list of the na | |
| 5. | In return for the above-disclosed fee | - | al service for all aspects of the ba | |

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

| CERTIFICATION | | |
|---|--|--|
| I certify that the foregoing is a complete sthe debtor(s) in this bankruptcy proceedings. | statement of any agreement or arrangement fo | or payment to me for representation of |
| <i>4/</i> 29/2016 | /s/ Angie Har | h |

Signature of Attorney

Semrad Law Firm

Name of law firm

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Date

CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1465.00 attorney fees plus any necessary postpetition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$30.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

| Latania Pettis | |
|----------------|------------|
| Matter Number | 471623-001 |

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Document Page 57 of 70

the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

| Date: | 04 | 129 | 71 | 6 |
|-------|----|-----|----|---|

Client Later of Peter

Client _____

Attorney 🗸 🗡

Initial: 4

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

Case 16-14601 Doc 1 Filed 04/29/16 Document

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form — the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

Entered 04/29/16 11:13:48 Desc Main Page 59 of 70

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| - | <u> </u> | total fee |
|---|----------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$310 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$235 | filing fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main UNITED STATES BANKBURTCY COURT Northern District of Illinois

| In re: | Pettis, Latania | Case No | |
|--------|--|---|---------------|
| _ | Debtor(s) | 0000110. | |
| | | Chapter. Chapter7 | |
| | VERIFICA | TION OF CREDITOR MATRIX | |
| | The above named Debtors hereby verify that | the attached list of creditors is true and correct to the best of the | ir knowledge. |
| | | | |
| Date: | 4/29/2016 | /s/ Pettis, Latania | |
| | | Pettis, Latania | |

Signature of Debtor

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Document Page 63 of 70

FED LOAN SERV P.O. Box 60610 Harrisburg , PA 17106 USA

GO FINANCIAL 4020 E INDIAN SCHOOL RD PHOENIX , AZ 85018 USA

HARRIS 111 WEST JACKSON B SUITE 400 CHICAGO , IL 60604 USA

CCI 501 Greene Street # 302 Augusta , GA 30901 USA

ComEd 3 Lincoln Center Bankruptcy Section Oakbrook Terrace, IL 60181 USA

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE , FL 32256 USA

Sprint P.O. Box 219554 Kansas City , MO 64121 USA

HARVARD COLL 4839 N Elston Ave Chicago , IL 60630 USA

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND , VA 23285 USA

FIRST PREMIER BANK 601 S MINNESOTA AVE SIOUX FALLS, SD 57104 USA

FST PREMIER 3820 N LOUISE AVE SIOUX FALLS, SD 57107 USA

Robert J. Adams & Associates 901 W Jackson Blvd #202 Chicago , IL 60607 USA Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main BANTANDER Document Page 64 of 70

SANTANDER PO BOX 961245 FORT WORTH , TX 76161 USA

Progressive Finance P.O. Box 22083 Tempe , AZ 85285 USA

| Debtor 1 Latania Case 16-1 | 14601 Doc 1 Filed 04/ | | 9/16 11:13:48 | Desc Main | | |
|--|--|---|-----------------------|---|--|--|
| Part 6: Answer These Qu | | Page 65 of 70 | | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. | | | | | |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid tha funds will be available for distribution to unsecured creditors? | ✓ No. t Yes. | | | nd administrative expenses are | | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | [] 5 | 25,001-50,000 60,001-100,000 More than 100,000 | | |
| 19. How much do you estimate your assets to be worth? | | \$1,000,001-\$10 mil \$10,000,001-\$50 m \$50,000,001-\$100 r \$100,000,001-\$500 | illion | 5500,000,001-\$1 billion 51,000,000,001-\$10 billion 510,000,000,001-\$50 billion More than \$50 billion | | |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 mil \$10,000,001-\$50 m \$50,000,001-\$100 r \$100,000,001-\$500 | illion | 500,000,001-\$1 billion 51,000,000,001-\$10 billion 510,000,000,001-\$50 billion More than \$50 billion | | |
| Part 7: Sign Below | | | | | | |
| For you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, | | | | | |
| | or both. 18 U.S.C. §§ 152/1341, /s/ Latania Pettis Signature of Debtor 1 | tu M for x | Signature of Debtor 2 | | | |
| aan kan kiris kiris ka kan alaka ka | Executed on 4/29/2016 Executed on MM / DD / YYYY MM / DD / YYYY | | | | | |

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Fill in this information to identify your case: Pettis Debtor 1 Latania Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Check if this is an Official Form 106Dec amended filing **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Part 1: Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? √ No Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. /s/ Latania Pettis Signature of Debtor 1 Signature of Debtor 2 Date 4/29/2016 Date

MM/DD/YYYY

MM/DD/YYYY

| Debtor 1 Latania Cas | e 16-14601 | Doc 1 | Filed 04/29/16 | Entered 04/29/16/11.13:48 Page 67 of 70 | Desc Main |
|----------------------------|---|-----------------|--------------------------|--|-----------------------------------|
| 9-49-29- | | oankruptcy, dic | | atement to anyone about your business? In | clude all financial institutions, |
| ✓ No ✓ Yes. Fill in the | details below. | | | | |
| | | | Date issued | | |
| Name | | | MM/DD/YYYY | | |
| Number Str | reet | | | | |
| City | State | Zip Code | 9 | | |
| Part 12: Sign Belov | N | | | | |
| and correct. I under | rstand that making | g a false state | ment, concealing prope | achments, and I declare under penalty of per erty, or obtaining money or property by fraud to 20 years, or both. 18 U.S.C. §§ 152, 1341, | f in connection with a |
| Ç; | /s/ Latania Pettis | Late | n Acce | × | |
| S. | /s/ Latania Pettis ignature of Debtor 1 | Late | n Abel | Signature of Debtor 2 | |
| | | Lotu | n Abel | | |
| Da | gnature of Debtor 1 ate 4/29/2016 | | of Financial Affairs for | Signature of Debtor 2 | Form 107)? |
| Did you attach addi No Yes | gnature of Debtor 1 ate 4/29/2016 itional pages to Yo | our Statement | | Signature of Debtor 2 Date | Form 107)? |
| Did you attach addi No Yes | gnature of Debtor 1 ate 4/29/2016 itional pages to Yo | our Statement | | Signature of Debtor 2 Date Individuals Filing for Bankruptcy (Official F | Form 107)? |

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main Document Page 68 of 70

| ebtor Latania | | Pettis | Case number (if |
|--|---|--------------------------|--|
| First Name | Middle Name | Last Name | known) |
| 2: List Your Unexpire | ed Personal Property Lea | ases | |
| any unexpired personal pr | operty lease that you listed in | Schedule G: Executory Co | ontracts and Unexpired Leases (Official Form 106G), fill in the till in effect; the lease period has not yet ended. You may assume an (2). |
| Describe your unexpired p | personal property leases | | Will the lease be assumed? |
| Lessor's name: Williams, C | Oscar | | □ No ☑ Yes |
| Description of leased property: 1 year residential | lease | | |
| Lessor's name: | | | □ No □ Yes |
| Description of leased property: | | | |
| Lessor's name: | a - Bergaman de | | □ No □ Yes |
| Description of leased property: | | | |
| Lessor's name: | | | □ No □ Yes |
| Description of leased property: | | | |
| Lessor's name: | | | ☐ No ☐ Yes |
| Description of leased property: | | | |
| Lessor's name: | | | ☐ No ☐ Yes |
| Description of leased property: | | | |
| Lessor's name; | | | ☐ No ☐ Yes |
| Description of leased property: | | | |
| 3: Sign Below | | | |
| that is subject to an unexpi | red lease. | intention about any prop | erty of my estate that secures a debt and any personal property |
| Is/ Latania Pettis Signature of Debtor 1 | itu n fet | ★ Sign | ature of Debtor 1 |
| Date 4/29/2016 | | Date | MM/DD/YYYY |

Case 16-14601 Doc 1 Filed 04/29/16 Entered 04/29/16 11:13:48 Desc Main **UNITED STATES BARRISH PSCV1 COURT**

Northern District of Illinois

| In re: | Pettis, Latania | Case No | | |
|--|-----------------|--|--------------|--|
| | Debtor(s) | | | |
| | | Chapter | Chapter7 | |
| | VERIFI | CATION OF CREDITOR MATR | IX | |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their k | | | | |
| Date: | 4/29/2016 | /s/ Pettis, Latania | Cath in Roll | |
| | | Pettis, Latania Signature of Debtor | | |

| Debtor 1 | _{Latania} Case 16-1 | 14601 | Doc 1 | Filed 04/29/16 | Entere | d Q4/29/16 ₆ 11.13 | :48 Desc M | ain |
|------------------|--|---------------------------------|---------------------------------|---|---|--|--|--|
| | First Name | | ddle Name | Document me | Page 70 | Tof 70 | | |
| | | | | | | Column A Debtor 1 | Column B Debtor 2 or | |
| | | | | | | | non-filing spouse | |
| Do not | oloyment compensation enter the amount if you Security Act. Instead, lis | contend that t | | ceived was a benefit und | er the | \$ <u>0.00</u> | | - |
| For you | | | | \$0.00 | | | | |
| For yo | ur spouse | Garage a const | | \$0.00 | | | | |
| | n or retirement incom under the Social Securi | | ude any amo | unt received that was a | | \$0.00 | | - |
| Do not receive | include any benefits rec ed as a victim of a war c tic terrorism. If necessa | eived under ti | ne Social Sec against huma | cify the source and amou urity Act or payments unity, or international or eparate page and put the | | | | |
| | | | | | | **** | | - |
| Total a | mounts from separate p | ages, if any. | | | | +\$0.00 | + | |
| | | | | | | #0.000.00 | | = \$2,326.83 |
| | ı late your total curren nn. Then add the total fo | | | nes 2 through 10 for eac Column B. | h | \$2,326.83 + | | . φ <u>ε,υευ.ου</u> |
| oordi | 11101, 444 210 10141 | | | | | | <u> </u> | Total current |
| | | | | | | | | monthly income |
| Part 2: | Determine Whethe | r the Mea | ns Test Ap | plies to You | | | | |
| | late your current mont | - | - | Follow these steps: | | | | |
| 12a. C | opy your total current mo | onthly income | from line 11. | | | Copy lir | ne 11 here → | \$2,326.83 |
| N. | fultiply by 12 (the number | er of months in | n a year). | | | | | X 12 |
| 12b. TI | ne result is your annual i | income for this | s part of the f | orm. | | | 12t | D. <u>\$27,921.96</u> |
| | | | | _ , , , , | | | | |
| 13 Calcul | ate the median family | income that | applies to y | e en en el mante en | | | | |
| Fill in th | ne state in which you live | e. | 11000 | Illinois | | | | |
| Fill in th | ne number of people in y | your househol | d. | 2 | *************************************** | | | |
| Fill in th | ne median family income | e for your state | e and size of | household. | | | 10 | 3. <u>\$63,896.00</u> |
| To find instruc | a list of applicable meditions for this form. This li | ian income an ist may also b | nounts, go or e available at | line using the link specifi the bankruptcy clerk's o | ied in the sepa ffice. | arate | | |
| 14. How o | lo the lines compare? | | | | | | | |
| 14a. 🗸 | Line 12b is less than Go to Part 3. | or equal to line | e 13. On the t | op of page 1, check box | 1, There is no | presumption of abuse. | | |
| 14b. | Line 12b is more than Go to Part 3 and fill o | line 13. On th ut Form 122A | ne top of page 2. | e 1, check box 2, The pre | sumption of al | ouse is determined by Form | 122A-2. | |
| Part 3: | Sign Below | | | | | | | |
| | | | | | | | | |
| By sig | ning here, I declare und | ler penalty of | perjury that th | e information on this stat | tement and in | any attachments is true and | correct. | |
| | 4 | 0, | Λ. | Angen | | | | |
| x _/ | s/ Latania Pettis 🛚 🔥 | atu | MOS | | × | | | |
| Si | gnature of Debtor 1 | | | | Signatu | re of Debtor 2 | | |
| ח | ate 4/29/2016 | | | | Date 4 | 29/2016 | | |
| D. | MM/DD/YYYY | | | | _ | MM/DD/YYYY | | |
| | | | | | | | | |
| | ou checked line 14a, do ou checked line 14b, fill | | | | | g has sig an agreement an han a somewar is remained by remove a size of the si | goda jiyoyoyaaniin waxaa ahaa ahaa ahaa ahaa ahaa ahaa aha | or have been appeared with attention on the territorial Administrative video and |